



## MONTHLY CERTIFIED INSTALLER CERTIFICATION FORMAT

Office of Housing, Buildings & Construction  
Manufactured Housing Section  
101 Sea Hero Road, Suite 100  
Frankfort, KY 40601-5405  
(502) 573-1795 Fax (502) 573-1004

Print Name of Certified Installer

Mailing Address

City State Zip Code County Phone #

I hereby certify that the used or new units described hereon have been installed and inspected in compliance with the standards as required by 815 KAR 25:030 Section 4

No.	Serial #	Installation Label #	Mfg Date	Make	Installation Date	Consumer(s) Name & Address

This form must be used in reporting units to the Field Inspectors and the Manufactured Housing Section. This form shall be mailed to the Manufactured Housing Section of the Office of Housing, Building & Construction at the end of each month, no later than the first week of the month.

Signature \_\_\_\_\_ Date \_\_\_\_\_



